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Form 990-T	E	Exempt Organization Bus			ax Returr	າ ∟	OMB No 1545-0687
المراجع الم		(and proxy tax und			. 20 001		2018
<u> </u>	For ca	ellendar year 2018 or other tax year beginning JUL 1,				را ک ر	ZU 10
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 601(c)(3) Organizations Only
A Check box if address changed		Name of organization (L Check box if name of	hanged	and see instructions)			yer identification number byees' trust, see ctions)
B Exempt under section	Print	Liberty Counsel, Inc.					9-2986294
X 501(c0)3) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P.O. bo P.O. Box 540774	x, see II	nstructions.			ted business activity code structions)
408(e) 220(e) 408A 530(a)		City or town, state or province, country, and ZIP of	r foreig	n postal code		}	
529(a)		Orlando, FL 32854-077		n postar ocuc			
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>	· Lagran			(
II Fatas the asserber of the		G Check organization type ► X 501(c) cor			401(a)		Other trust
		ation's unrelated trades or businesses.	1		he only (or first) un complete Parts I-V.		than and
trade or business here		ace at the end of the previous sentence, complete P.	arts Lar				
business, then complete			ui to i ai	a II, complete a concadio	ivi for cach addition	a trade	oi .
		poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶l	Yes	x No
If "Yes," enter the name a	ınd iden	tifying number of the parent corporation.					
J The books are in care of				<u>_</u>	ne number 🕨 4		
		de or Business Income	1	(A) Income	(B) Expenses	i	(C) Net
1 a Gross receipts or sale						į	
b Less returns and allow		c Balance	10			+	
2 Cost of goods sold (S		• •	3				
3 Gross profit. Subtract 4a Capital gain net incom			4a				
	•	Part II, line 17) (attach Form 4797)	4b	-		<u> </u>	
c Capital loss deduction			4c			<u> </u>	
•		ship or an S corporation (attach statement)	5				
6 Rent income (Schedu	le C)		6				
7 Unrelated debt-finance	ed incoi	me (Schedule E)	7				
· · · · · · · · · · · · · · · · · · ·		and rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)			_ ,		
10 Exploited exempt acti	•	· ·	10				
11 Advertising income (S		•	11				
12 Other income (See ins13 Total. Combine lines		·	12	0.			
		ot Taken Elsewhere (See instructions fo					
		utions, deductions must be directly connecte			income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)	IEL	100/		14	
15 Salaries and wages		SECE		101		15	
16 Repairs and mainten	ance	KIL 12	ر بال	19 18 1		16	
17 Bad debts		ee instructions)	מ מ			17	
18 Interest (attach sche	dule) (s	ee instructions)	/1			18	
19 Taxes and licenses	(0-	e instructions for limitation rules)		عليو		19	
20 Charitable/contributi21 Depreciation (attach	-	7	سرر	21		20	
— ·		n Schedule A and elsewhere on return		22a	 -	22b	
23 Depletion	annica o	A Schedule A and disconners of return		[224]		23	
24 Contributions to defe	erred co	moensation plans				24	
25 Employee benefit pro						25	
26 Excess exempt expe	-	chedule I)				26	
27 Excess readership of		•				27	
28 Other deguctions (at		·				28	
29 Total deductions. A						29	0.
·		ncome before net operating loss deduction. Subtra				30	0.
` <u></u>	_	loss arising in tax years beginning on or after Janua	iry 1, 20	J18 (see instructions)		31	
		ncome. Subtract line 31 from line 30				32	0 • Form 990-T (2018)
823701 01-09-19 LHA F	u rape	rwork Reduction Act Notice, see instructions.					101111 330-1 (2018)

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Form 990-	(2018) Liberty Counsel, Inc. 59-298	36294	Pa	age 2
Part I				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		0.
34	Amounts paid for disallowed fringes	34	3,26	2.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 1	35	3,26	2.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00	<u>0.</u>
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38		<u>0.</u>
Part I	V Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39		0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from.			
	Tax rate schedule or Schedule D (Form 1041)	40	-	
41	Proxy tax See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		0.
EDort V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments	44		<u> </u>
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1 1		—
	Other credits (see instructions) 45b	┥		
	General business credit. Attach Form 3800 45c	┥		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		Ť
48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
	Payments A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b	1		
С	Tax deposited with Form 8868 50c]		
đ	Foreign organizations. Tax paid or withheld at source (see instructions) 50d]		
е	Backup withholding (see instructions) 50e]		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f]		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g	<u> </u>		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	54		
Part V		55		—
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		163	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here		-	χ
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u>x</u>
ν.	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief it	ıs true,	
Sign	correct/and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		lay the IRS discuss the preparer shown be		n
	Signature of officer Date Title	nstructions)? X	res 🔙	No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN		
Paid	self- employed			
Prepa	Michele M. Wales 11/07/19	P0042		
Use (Doly Firm's name ▶ Batts Morrison Wales & Lee, P.A. Firm's EIN ▶	20-41	93611	
	801 North Orange Avenue, Suite 800			_
		107-770-		
823711 0	-09-19	Form	990-T (26	018)

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Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	6
2 Purchases	2		7 Cost of goods sold. So		
3 Cost of labor	3		from line 5. Enter here	and in Part I,	·
4a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leased With Real Pr	operty)
(see instructions)				-	
1. Description of property					
(1)			· · · · -		
(2)					
(3)					
(4)	-				
	2. Rent receiv	red or accrued		24.75	
(a) From personal property (if the personal property is more 10% but not more than 50%	re than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age ' columne 2(a)	ctly connected with the income in and 2(b) (attach schedule)
(1)	<u> </u>				
(2)					
(3)					
(4)					
Total	0.	Total		0.	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns		iter		(b) Total deductions Enter here and on page 1. Part I, line 6, column (B)	0.
Schedule E - Unrelated De		Income (see	instructions)		
			2 Gross income from		connected with or allocable anced property
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a) Straight line depreciation	(b) Other deductions
				(attach schedule)	(attach schedule)
(1)			 -		
(2)					+
(3)					
(4)					
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided	7 Gross income	8 Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)	by column 5	reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)	 		%		
(2)			%		
(3)			%		
(4)	Ì		%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		o.
Total dividends-received deductions is	ncluded in columi	n 8			<u>0.</u> 0.

Schedule F'- Interest,	Annuities, Roy					ations (see in	struction	s)
		Exen	npt Controlled C	rganizatio	ons			
Name of controlled organiza	ident		et unrelated income s) (see instructions)		l of specified lents made	5. Part of column included in the cororganization's gross	ntrolling	Deductions directly connected with income in column 5
(1)	- -							
(2)				<u> </u>				
(3)								
(4)	1							
Nonexempt Controlled Organi	zations					_		
7. Taxable Income	8. Net unrelated inco	ome (loss) 9	Total of specified pay	ments	10. Part of colum	nn 9 that is included	11 De	ductions directly connected
	(see instruction		made		in the controlling	ng organization's income		income in column 10
(1)					•		 	
(2)						-	1	
(3)		_	-				1	
(4)		-					1	
	·				Enter here and	ns 5 and 10 on page 1, Part I, olumn (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8 column (B)
Totals				•		0.	,	0.
Schedule G - Investme		Section 501	(c)(7), (9), or	(17) Org	ganization		L	
1. Desc	ription of income		2. Amount of	ıncome	3 Deduction directly connect (attach schedu	ted 4. Set	t-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)								1
(2)								·
(3)								
(4)								
		•	Enter here and Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B)
			Fait i, iiile 5, cc	num (A)				Part I, line 9, column (b)
Totals			▶	0.				0.
Schedule I - Exploited (see instru	•	y Income, O	ther Than Ad	lvertisir	ng Income	•		
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connecte with production of unrelated business income	minus colum	f trade or blumn 2 n 3) If a e cols 5	5. Gross incor from activity the is not unrelate business incor	nat attribu	openses utable to umn 5	7 - Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	Ì	İ						
(2)	·	1						
(3)	<u> </u>		1					
(4)								
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and o page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi			<u> </u>					1 0.
Part I Income From			Consolidated	Basis		· ·		
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	ct or (loss) (c costs col 3) If a g	using gain of 2 minus ain, compute arough 7	5. Circulation	on 6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)	- 		-					
(3)		-				_		
Totals (carry to Part II, line (5))	•	0.	0.					0.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u> • </u>	<u> </u>		1		1	Form 990-T (2018)

Form 990-T (2018) Liberty Counsel, Inc. 59-29862 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			·				
(3)							
(4)							
Totals from Part I	▶	0.	0.		,		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.			•	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

- 1. Name	2. Title	3. Percent of time devoted to business	 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-1	Net	Operating Loss D	eduction	Statement 1	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
06/30/13	7,564.	1,620.	5,944.	5,944.	
06/30/14	1,713.	0.	1,713.	1,713.	
06/30/15	639.	0.	639.	639.	
NOL Carryo	ver Available This	Year	8,296.	8,296.	